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## **Table of Contents**

**State/Territory Name: Utah**

**State Plan Amendment (SPA) #: 19-0015**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
1961 Stout Street, Room 08-148  
Denver, CO 80294



**Denver Regional Operations Group**

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December 13, 2019

Nathan Checketts, Medicaid Director  
Utah Department of Health  
P.O. Box 141000  
Salt Lake City, UT 84114-1000

Dear Mr. Checketts:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0015. This State Plan Amendment updates the Durable Medical Equipment (DME) fee schedule to be priced at a percentage of Medicare price and indicates some DME is paid based upon contracts awarded following competitive bid procurement process.

Please be informed that this State Plan Amendment was approved today with an effective date of October 1, 2019. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Mandy Strom at (303) 844-7068.

Sincerely,



Richard C. Allen  
Director, Western Regional Operations Group  
Denver Regional Office  
Centers for Medicaid and CHIP Services

cc: John Curless, Utah  
Craig Devashrayee, Utah

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: HEALTH CARE FINANCING ADMINISTRATION**

1. TRANSMITTAL NUMBER:  
19-0015-UT

2. STATE:  
Utah

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)

TO: REGIONAL ADMINISTRATOR  
HEALTHCARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE  
October 1, 2019

5. TYPE OF PLAN MATERIAL (Check One)

☐ NEW STATE PLAN

☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN

☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 440.70

7. FEDERAL BUDGET IMPACT:

a. FFY 2020 \$0

b. FFY 2021 \$0

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Introduction Page of ATTACHMENT 4.19-B;  
Page 11 of ATTACHMENT 4.19-B;  
Page 11a of ATTACHMENT 4.19-B.

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)

Introduction Page of ATTACHMENT 4.19-B;  
Page 11 of ATTACHMENT 4.19-B;  
Page 11a of ATTACHMENT 4.19-B.

10. SUBJECT OF AMENDMENT: Medical Supplies and DME Rebasing

11. GOVERNOR'S REVIEW (Check One):

- ☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME: Joseph K. Miner, M.D.

14. TITLE: Executive Director, Utah Department of Health

15. DATE SUBMITTED: September 20, 2019

16.

17. DATE RECEIVED:

September 20, 2019

16. RETURN TO:

Craig Devashrayee, Manager  
Technical Writing Unit  
Utah Department of Health  
PO Box 143102  
Salt Lake City, UT 84114-3102

18. DATE APPROVED:

December 13, 2019

FOR REGIONAL USE ONLY

19. EFFECTIVE DATE OF APPROVED MATERIAL:

October 1, 2019

20. SIGNATURE OF REGIONAL OFFICIAL:

*Richard C. Allen*

21. TYPED NAME:

Richard, C. Allen

22. TITLE:

Director, WROG

PLAN APPROVED - ONE COPY ATTACHED

23. REMARKS

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: UTAH

Payment rates for the services listed below are effective for services provided on or after the corresponding date:

<b>Service</b>	<b>Attachment</b>	<b>Effective Date</b>
Physician and Anesthesia Services	Attachment 4.19-B, Pages 4 and 5	July 1, 2019
Optometry Services	Attachment 4.19-B, Page 7	July 1, 2019
Eyeglasses Services	Attachment 4.19-B, Page 8	July 1, 2019
Home Health Services	Attachment 4.19-B, Page 10	July 1, 2019
Medical Supplies and Equipment	Attachment 4.19-B, Page 11	October 1, 2019
Clinic Services	Attachment 4.19-B, Pages 12b and 34	July 1, 2019
Dental Services and Dentures	Attachment 4.19-B, Page 13	July 1, 2019
Physical Therapy and Occupational Therapy	Attachment 4.19-B, Page 14	July 1, 2019
Speech Pathology Services	Attachment 4.19-B, Page 16	July 1, 2019
Audiology Services	Attachment 4.19-B, Page 17	July 1, 2019
Transportation Services (Special Services)	Attachment 4.19-B, Page 18	July 1, 2019
Transportation Services (Ambulance)	Attachment 4.19-B, Page 18	July 1, 2019
Targeted Case Management for Individuals with Serious Mental Illness	Attachment 4.19-B, Page 22a	July 1, 2019
Rehabilitative Mental Health Services	Attachment 4.19-B, Page 25	July 1, 2019
Chiropractic Services	Attachment 4.19-B, Page 30	July 1, 2019

T.N. # 19-0015

Approval Date 12/13/19

Supersedes T.N. # 19-0006

Effective Date 10-1-19

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K. MEDICAL SUPPLIES AND EQUIPMENT

State-developed fee schedule rates are the same for both governmental and private providers. Payment are based on the established fee schedule unless a lesser amount is billed. The amount billed cannot exceed usual and customary charges to private pay patients. The rates are effective for services on or after the date listed on the Attachment 4.19-B Introduction Page. These rates are published at <http://health.utah.gov/medicaid/stplan/lookup/CoverageLookup.php>.

In order to ensure access to care, for certain durable medical equipment (DME), Medicaid pays the rate established by the state agency through a competitive bidding process. Utah meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to provide oxygen concentrators and apnea monitors on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

Rates for DME having a Medicare DME rate are set at 90.30% of the lessor of the Medicare rural, non-rural, and competitive bidding area rates.

HCPCS codes related to medical supplies and DME, classified as either miscellaneous or not otherwise specified, are reimbursed the provider's actual acquisition cost.

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T.N. # 19-0015

Approval Date 12/13/19

Supersedes T.N. # 07-011

Effective Date 10-1-19

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K. MEDICAL SUPPLIES AND EQUIPMENT (Continued)

Deleted 10-1-19

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T.N. # 19-0015

Approval Date 12/13/19

Supersedes T.N. # 07-011

Effective Date 10-1-19